



Office of the Comptroller

PCRS CROSS DEPARTMENT RULES FORM

INSTRUCTIONS TO RECEIVING DEPARTMENT:

Please use this form to request approval of any charge, which cross departments. This form, along with a screen print of the rule and the outgoing department's authorization memo, must be sent to:

Office of the Comptroller

Attn: Payroll Unit

One Ashburton Place

Boston, MA 02108

I hereby submit the attached screen print of Payroll Cost Reporting System (PCRS) position to account relationship, for approval in the PCRS rules subsystem. The approval of this Rule will ensure that payroll expenditures are charged to the correct department and account.

DEPARTMENT HEAD or AUTHORIZED DESIGNEE (Signature must be on file at CTR)

Signature: _____ **Date:** _____

Please Print Name: _____ **Receiving Department:** _____

<u>Quantity</u>	<u>Rule</u>	<u>CTR Review</u>
_____	Position Account Assignment Rule 1	_____
Comptroller Approval: _____ Date: _____		
Comments: _____		

